

# Vx570® Transaction Guide

## Three Rivers Health Plan (TRHP) Preauthorization

Version 1.01

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### Overview

A Three Rivers Health Plan (TRHP) Preauthorization transaction allows you to preauthorize medical services for health plan patients.


### Admission Date Restrictions

Up to 365 days in the past.  
Up to 365 days in the future.

### Special Considerations



- In order for you to use your National Provider Identifier (NPI), the payer must be ready to accept NPI. Consult our payer lists at [www.emdeon.com/PayerLists/payerlists.php](http://www.emdeon.com/PayerLists/payerlists.php) for this payer's NPI-readiness status. Additionally, the payer's NPI registration requirements must be fulfilled.
- The first or initial diagnosis code is required; the additional four diagnosis codes are optional.

### To Enter Letters

- Press the number key on which the letter appears.
- Press <ALPHA> once, twice, or three times, until the letter appears.
- If needed, press  to delete the last character entered.
- Special characters are on the \* and # keys. Q, Z, and the decimal point (.) are on key 1.




### Other Usage Tips























- To display help information, press <F1>.
- If your terminal has been idle, you may be prompted to enter your user ID and password.













- You can assign shortcut keys (hot keys) to frequently-used payers. When you press a shortcut key from the idle prompt, your terminal will display the Transaction Type menu for the payer assigned to that key.
- To skip an optional prompt, press .
- For instructions on setting up a list of Provider IDs, see your Verifone Vx570® User Guide.
- To display a list of entries for a prompt (e.g., Provider IDs), press <F2>. Select your entry, then press .

For more information, see your Verifone Vx570® User Guide.

### Request

Step:	POS Display:	Enter:
1	WELCOME TO EMDEON SWIPE CARD OR PRESS ANY KEY	press any key.
2	MEDICAL ADDRESS VERIFY FINANCIAL SETUP	press <F2> for Medical ( <i>go to step 3</i> ) or press an assigned shortcut key to start the payer program ( <i>go to step 4</i> ).
3	Select Payer:	select THREE RIVERS  .
4	SELECT TRANSACTION: Eligibility Claim Status Preauthorization	Choose transaction type: Preauthorization  .
5	Provider ID	inquiring provider ID  . ( <i>Press &lt;F2&gt; for list.</i> )

Step:	POS Display:	Enter:
6	Ref/Precert Type	Choose referral/precertification type: AR  for Admission transaction. HS  for Health Care Services transaction. SC  for Specialty Care transaction.
7	Member #	TRHP member number of patient for whom the services are to be preauthorized 
8	First Name	patient's first name 
9	Last Name	patient's last name 
10	Birth Date	patient's date of birth (mmddyyyy) 
11	Req Contact Name	name of requesting provider's contact  or just  to skip.
12	Req Contact PH #	telephone number (10 digits, no dashes) of requesting provider's contact  or just  to skip.
13	Req Con Phn Ext#	telephone extension number of requesting provider's contact  or just  to skip.
14	Diagnosis Code 1	diagnosis code for the diagnosis to which the service pertains 
15	Diagnosis Code 2	diagnosis code for an additional diagnosis to which the service pertains  or just  to skip.
16	Diagnosis Code 3	diagnosis code for an additional diagnosis to which the service pertains  or just  to skip.
17	Diagnosis Code 4	diagnosis code for an additional diagnosis to which the service pertains  or just  to skip.
18	Diagnosis Code 5	diagnosis code for an additional diagnosis to which the service pertains  or just  to skip.

Step:	POS Display:	Enter:
19	Svc Prov ID	servicing provider's TRHP provider ID  <i>(Press &lt;F2&gt; for list.)</i>
20	Service Date	date of service (mmddyyyy) 
21	Service Type	service type code for the type of service performed  . (See Service Types.)
22	Admission Date	proposed or actual admission date (mmddyy)  or just  for today's date.
23	Length of Stay	length of stay 
24	Place of Service	code identifying the place of service (if a facility)  or just  to skip. (See Places of Service.)
25	Proc Code Source	procedure code source  This represents the standard source from which you have derived the procedure code identifying the services or drugs provided: BO = HCFA BQ = ICD-9 JP = ADA Dental NDC = National Drug Code
26	Proc Code	procedure code identifying the services or drugs provided 
27	Proc Date	date for the procedure identified (mmddyy) 
28	Proc Qty	quantity provided for the procedure identified  <i>Zero (0) is not a valid entry.</i>

**Service Types**

Code	Description
1	Medical Care
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
12	Durable Medical Equipment Purchase
14	Renal Supplies in the Home
15	Alternate Method Dialysis
16	Chronic Renal Disease Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
20	Second Surgical Opinion
21	Third Surgical Opinion
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
33	Chiropractic
34	Chiropractic Office Visits
35	Dental Care
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
42	Home Health Care
44	Home Health Visits
45	Hospice
46	Respite Care
48	Hospital - Inpatient
50	Hospital - Outpatient
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care

Code	Description
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
98	Professional Physician Visit - Office
99	Professional Physician Visit - Inpatient
A0	Professional Physician Visit - Outpatient
A1	Professional Physician Visit - Nursing Home
A2	Professional Physician Visit - Skilled Nursing Facility
A3	Professional Physician Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient

Code	Description
A9	Rehabilitation
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision, Optometry
AR	Experimental Drug Therapy
BB	Partial Hospitalization, Psychiatric
BC	Day Care, Psychiatric
BD	Cognitive Therapy
BE	Massage Therapy
BF	Pulmonary Rehabilitation
BG	Cardiac Rehabilitation
BS	Invasive Procedures

Code	Description
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
41	Ambulance – Land
42	Ambulance – Air or Water
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Non-Residential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other Unlisted Facility

**Places of Service**

Code	Description
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room – Hospital
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility

**Response**

The following section describes each section of information that your payer can return. Individual responses can vary in content. For a detailed dictionary of response data, see the **POS Standard Eligibility Response Dictionary (Fax-on-Demand #5994)**.

To reprint the last response, press <Scroll Line ↑ >.

**Input Information**

The information you entered in your request.

**Preauthorization**

Basic information about the transaction, such as:

- The transaction audit (trace) numbers
- The status of the transaction
- The requestor's identifier and name

Error reason(s) associated with the rejection of the requesting provider and follow-up message(s)  
 The subscriber's primary ID  
 Demographic information, such as name, date of birth, returned when the subscriber is the patient  
 Demographic information, such as name, date of birth returned when the dependent is the patient  
 Up to five diagnosis codes relating to the procedure  
 Error reason(s) associated with the rejection of the patient and follow-up message(s)

### Preauthorization Participants

Admitting provider's ID, name, telephone, extension number  
 A TRHP message to the requesting provider about the admitting provider or specialty requested  
 Attending provider's ID, name, telephone, extension number  
 A TRHP message to the requesting provider about the attending provider or specialty requested  
 ID, name, telephone, extension number of the facility providing the services  
 A TRHP message to the requesting provider about the facility or specialty requested  
 ID, name, telephone, extension number of the vendor rendering the services  
 A TRHP message to the requesting provider about the vendor or specialty requested  
 Error reason(s) associated with the rejection of the service provider and follow-up message(s)

### Procedure Codes

The TRHP certification number assigned whenever a provider issues a Preauthorization transaction  
 The action code for this procedure.  
 The reject reason associated with the rejection of the procedure.  
 The procedure code associated with the certification ID.  
 The number of the preceding procedure requested or authorized.  
 The starting and ending dates of the procedure  
 An additional message pertaining to the procedure code  
 The service type performed<sup>1</sup>  
 The service starting and ending dates  
 The number of services to be rendered  
 The unit of measurement of the service quantity (for example, Days, Hours, Visits)  
 The type of facility where the services will be/were performed  
 The proposed or actual date of admission  
 The type of ambulance transport provided  
 Error reason(s) associated with the rejection of the service and follow-up message(s)

<sup>1</sup>see Service Types (HIPAA), Fax-on-Demand #9000

## Error Messages

Transaction-related error messages begin with CL, HT, or RH, followed by a number and a line or so of text. Most messages are self-explanatory. The following messages are of particular interest for this transaction:

**HT0711 – Invalid Place of Service** -- You entered a place of service code that does not represent an actual place of service.

**HT0816 – Invalid Length of Stay** -- You entered a length of stay value that is invalid.

**HT0821 – Invalid Diagnosis Code Entered** -- You entered a diagnosis code that does not represent an actual diagnosis.

**HT0822 – Invalid Procedure Code Entered** -- You entered a procedure code that does not represent an actual procedure.

**HT0834 – Invalid Service Provider ID** -- You entered a service provider ID that contained invalid characters or that was the wrong length.

**HT0836 – Service Provider ID Or Service Provider Tax Code Is Required** -- Either the service provider ID or the service provider tax code must be entered with each transaction.

**HT0838 – Invalid Number Of Visits** -- The number of visits you entered is invalid.

**HT0840 – Missing Number Of Visits** -- You did not enter a number of visits.

**HT0975 – Invalid Ref/Precert Type** -- You entered an invalid code for reference/precertification type.

**HT0976 – Invalid Procedure Code Source** -- You entered an invalid procedure code source.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages (Fax-on-Demand # 5997)**.